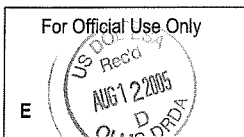


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5724</u>	2. Fiscal Year Covered From: <table border="1"><tr><td>1</td><td>/</td><td>1</td><td>/</td><td>2004</td><td>Through:</td><td>12</td><td>/</td><td>31</td><td>/</td><td>2004</td></tr></table>	1	/	1	/	2004	Through:	12	/	31	/	2004
1	/	1	/	2004	Through:	12	/	31	/	2004		
3. Name and address of person filing. Name <u>Angie</u> <u>L</u> <u>Neuberger</u> P.O. Box, Bldg., Room No., if any <table border="1"><tr><td> </td></tr></table> Street <u>41 Sherburne Avenue</u> City <u>St. Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55103</u>		4. Name, file number, and address of labor organization. Name <u>Education Minnesota</u> Labor Organization File Number <u>541-947</u> P.O. Box, Building and Room Number, if any <table border="1"><tr><td> </td></tr></table> Street <u>41 Sherburne Avenue</u> City <u>St. Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55103</u>										
5. Position in labor organization. <u>Office/Program Coordinator</u>												

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.										
6. Name and address of Employer (including trade name, if any). Name <table border="1"><tr><td> </td></tr></table> Trade Name, if any: <table border="1"><tr><td> </td></tr></table> P.O. Box, Bldg., Room No., if any <table border="1"><tr><td> </td></tr></table> Street <table border="1"><tr><td> </td></tr></table> City <table border="1"><tr><td> </td></tr></table> State <table border="1"><tr><td> </td></tr></table> ZIP Code + 4 <table border="1"><tr><td> </td></tr></table>								7.a. Nature of Interest, Transaction, or Income. <table border="1"><tr><td> </td></tr></table> 7.b. Amount. <table border="1"><tr><td> </td></tr></table>		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Angie L. Neuberger</u>	On <u>8-10-05</u> Date	<u>651-292-4871</u> Telephone Number

Name of Person Filing Angie Neuberger

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

See Attached Report.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

2004 Gifts			
Item #8	Item #9	Item #11.a	Item #11.b
Name and address of Business: AIG Bill Doherty, Account Director One AIG Center Wilmington, DE 19803	Business deals with: Auto & Home Insurance	Nature of such dealing: Labor Organization	Approx. dollar value of such dealing:
May 15, 2004	NEAMB Workshop Miami Beach, FL	Dinner	\$50

2004 Gifts			
Item #8	Item #9	Item #11.a	Item #11.b
Name and address of Business: California Casualty Management Co. Doug Goldberg, Vice President P.O. Box M 94402-0080 1900 Alameda de las Pulgas San Mateo, CA 94403	Business deals with: Auto & Home Insurance	Nature of such dealings: Labor Organization	Approx. dollar value of such dealing:
May 16, 2004	NEAMB Workshop Miami Beach, FL	Dinner	\$50

2004 Gifts			
Item #8	Item #9	Item #11.a	Item #11.b
Name and address of Business: Educators Financial Services Kent Schutte, President 440 Emerson Street N. Ste. #2 Cambridge, MN 55008	Business deals with: Financial Services	Nature of such dealing: Labor Organization	Approx. dollar value of such dealing:
July 29, 2004	EFS Annual Kick-Off, White Bear Lake, MN	Dinner	\$25